

MDR Tracking Number: M5-04-0697-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-04-03.

The IRO reviewed office visits rendered from 11-25-02 through 12-12-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 04-20-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-11-02, 12-12-02, 12-16-02	97010 (3 units)	\$15.00 per unit	0.00	F	\$11.00 per unit	MFG MGR (l)(A)(9)(a)(ii)	Daily treatment log confirms delivery of service. Recommended Reimbursement \$33.00 (\$11.00 for 3 units)

12-11-02, 12-12-02, 12-16-02	97014 (3 units)	\$18.00 per unit	0.00	F	\$15.00 per unit	MFG MGR (I)(A)(9)(a)(ii)	Daily treatment log confirms delivery of service. Recommended Reimbursement \$45.00 (\$15.00 for 3 units)
12-11-02, 12-12-02, 12-16-02	97035(3 units)	\$26.00 per unit	0.00	F	\$22.00 per unit	MFG MGR (I)(A)(9)(a)(iii)	Daily treatment log confirms delivery of service. Recommend Reimbursement \$66. (\$22.00 for 3 units)
12-20-02	99213	\$60.00	0.00	N	\$48.00	MFG, E & M GR(IV)(C)(2)	Daily treatment log doesn't meet documentation criteria to support services rendered therefore reimburse- ment is not recommended.
TOTAL		\$177.00					The requestor is entitled to reimburse- ment of \$ 144.00

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 11-25-02 through 12-16-02 in this dispute.

This Decision is hereby issued this 11th day of May 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

April 30, 2004

MDR #: M5-04-0697-01
IRO Certificate No.: IRO 5055

REVISED REPORT Corrected services in dispute.

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Information Provided for Review:

Correspondence.
H&P and office notes.
Physical Therapy notes

Brief Clinical History:

This female claimant injured her right elbow in a work-related accident on _____. An initial evaluation was done, and a trial of chiropractic and passive therapy was recommended. The record indicates that the patient responded well to the treatment she received.

Disputed Services:

Office visits during the period of 11/25/02 through 12/12/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the office visits in dispute were medically necessary in this case.

Rationale:

On each disputed date of service there are sufficient subjective and objective findings to warrant the treatment for that date, as well as the office visits. The patient responded well to the treatment. National Treatment Guidelines allow for an initial trial of chiropractic care and therapy in injuries of this nature.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,